

BARNES&THORNBURG



6/3/00  
mt  
10/2000

600 One Summit Square  
Fort Wayne, Indiana 46802  
(219) 423-9440

PATENT APPLICATION  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group: 2761

} Certificate Under 37 CFR 1.8(a)

Attorney

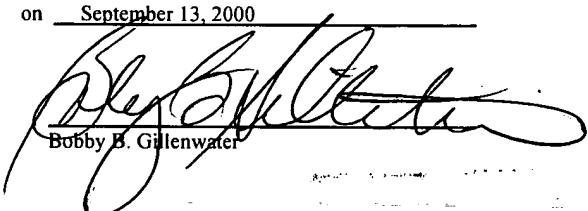
Docket No.: 37168/82045

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231

Applicant: Jeffery K. Dellinger et al.

on September 13, 2000

Invention: METHOD AND APPARATUS FOR PROVIDING  
RETIREMENT INCOME BENEFITS

  
Bobby B. Gillenwater

Serial No: 09/406,290

Filed: September 24, 1999

Examiner: Unknown

RECEIVED  
SEP 20 2000  
TC 2700 MAIL ROOM

PRELIMINARY AMENDMENT

Assistant Commissioner of Patents  
Washington, D.C. 20231

Sir:

Prior to initial examination, please amend the above-identified application as follows:

IN THE CLAIMS:

Please add Claims 7-51 as follows:

  
A computerized method for administering a variable annuity benefit plan having a  
guaranteed minimum benefit payment feature, and for periodically determining the amount of a  
current benefit payment to be made to an owner under the plan, comprising the steps of:

09/19/2000 AZERGAW1 00000064 09406290  
01 FC:102 546.00 0P  
02 FC:103 558.00 0P



2761/8

BARNES & THORNBURG  
600 One Summit Square  
Fort Wayne, Indiana 46802  
(219) 423-9440

PATENT APPLICATION

*IN THE UNITED STATES PATENT AND TRADEMARK OFFICE*

*Customer #:* 23641

} Certificate Under 37 CFR 1.8(a)

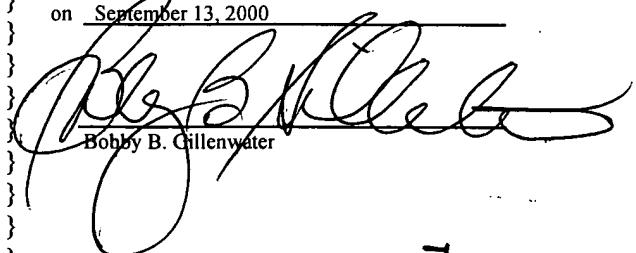
*Group*  
*Art Unit:* 2761

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*Attorney*  
*Docket No.:* 37168/82045

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*Applicant:* Jeffrey K. Dellinger, et al.

  
Bobby B. Gillenwater

*Invention:* METHOD AND APPARATUS FOR PROVIDING  
RETIREMENT INCOME BENEFITS

*Serial No.:* 09/406,290

*Filed:* September 24, 1999

*Examiner:* Unknown

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SEP 20 2000  
TC 2700 MAIL ROOM

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment and the filing fee is calculated below:

For	No. After Amendment	Highest No. Prev. Paid	No. Extra	Rate	Fee
Total Claims	51	- *	20	31 x	\$9/\$18 = \$558.00
Indep. Claims	10	- **	3	7 x	\$39/\$78 = <u>546.00</u>
<hr/>					<b>TOTAL: \$1104.00</b>

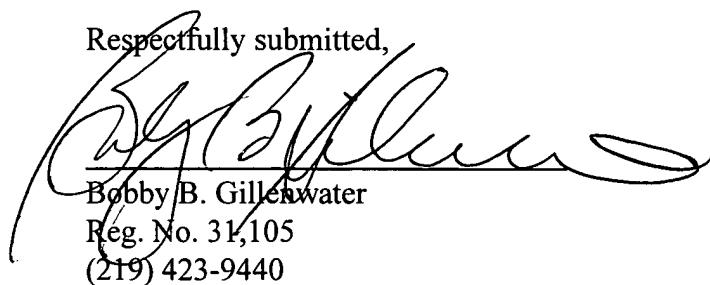
\* If less than 20, enter 20

\*\* If less than 3, enter 3

XX A check in the amount of \$1104.00 is enclosed for additional claim fees.

XX The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 02-1010. A duplicate copy of this sheet is attached.

Respectfully submitted,



Bobby B. Gillenwater  
Reg. No. 31,105  
(219) 423-9440

BBG:dnl

FWDS01 BBG 128752